



IFW

PATENT  
1501-1323

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Oscar BRAVO et al.

Conf. 9553

Application No. 10/501,410

Group 2113

Filed: July 15, 2004

Examiner Unknown

TITLE: IDENTIFICATON OF DELIVERY OBJECTS

**LETTER SUBMITTING  
SUPPLEMENTAL APPLICATION DATA SHEET**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

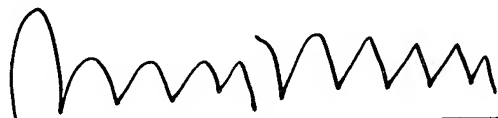
May 8, 2006

Sir:

We enclose herewith the substitute Application Data Sheet (ADS), changing the attorney docket number from "1505-1050" to 1501-1323. No new matter is added.

Respectfully submitted,

YOUNG & THOMPSON

By   
Robert J. Patch, #17,355  
Attorney for the Applicants  
745 South 23<sup>rd</sup> Street, Suite 200  
Arlington, Virginia 22202  
(703) 521-2297

RJP:jlw



Supplemental Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: IDENTIFICATION OF DELIVERY  
OBJECTS  
Attorney Docket Number:: ~~1505-1050~~ 1501-1323  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 8  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CHILE  
Status:: Full Capacity  
Given Name:: OSCAR  
Middle Name::  
Family Name:: BRAVO  
Name Suffix::  
City of Residence:: STOCKHOLM  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing NORRBACKAGATAN 40  
Address::  
City of Mailing Address:: STOCKHOLM  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-113 41

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FINLAND  
Status:: Full Capacity  
Given Name:: BENGT  
Middle Name::  
Family Name:: HAGSTROM  
Name Suffix::  
City of Residence:: ALVSJO  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing VIVELVAGEN 19  
Address::  
City of Mailing Address:: ALVSJO

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-125 33

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: KENT  
Middle Name::  
Family Name:: HELGESSON-HANSER  
Name Suffix::  
City of Residence:: HUDDINGE  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: SKOGANGSVAGEN 30  
City of Mailing Address:: HUDDINGE  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-141 43

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: HARALD  
Middle Name::  
Family Name:: NORDKVIST  
Name Suffix::  
City of Residence:: SORAKER  
State or Province of  
Residence::  
Country of Residence:: SWEDEN

Street of Mailing                      BARANG 4515  
Address::  
City of Mailing Address::              SORAKER  
State or Province of Mailing Address::  
Country of Mailing Address::          SWEDEN  
Postal or Zip Code of Mailing Address:: S-860 35

Applicant Authority Type::            Inventor  
Primary Citizenship Country::          SWEDEN  
Status::                                Full Capacity  
Given Name::                            MARIO  
Middle Name::  
Family Name::                          ESPINOSA  
Name Suffix::  
City of Residence::                    SKOGAS  
State or Province of  
Residence::  
Country of Residence::                SWEDEN  
Street of Mailing                      FABODAVAGEN 6  
Address::  
City of Mailing Address::              SKOGAS  
State or Province of Mailing Address::  
Country of Mailing Address::          SWEDEN  
Postal or Zip Code of Mailing Address:: S-142 33

**Correspondence Information**

Correspondence Customer              000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE02/00053	1/15/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::